



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/006,669 Confirmation No. 2239

Applicant : H. OGAWA et al

Filed : December 10, 2001

Titled : DISK APPARATUS

TC/A.U. : 2114

Examiner : G. Chu

Docket No.: TSM-18

Customer No.: 24956

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

It is respectfully requested that a one-month Extension of Time, to and including December 4, 2004, be granted in which to respond to the Office Action dated August 4, 2004 in the above-identified application.

Our Credit Card Payment Form in the amount of \$110.00 is attached in payment of the appropriate fee.

The Commissioner is hereby authorized to charge any additional payment due, or to credit any overpayment, to Deposit Account No. 50-1417.

12/03/2004 FMETEK1 00000070 10006669

01 FC:1251

110.00 DP

Respectfully submitted,

MATTINGLY, STANGER & MALUR

By Colin D Barnitz Reg. No. 35,061
For: Shrinath Malur
Reg. No. 34,663
Tel.: 703-684-1120

December 2, 2004

In RE application of H. OGAWA et al
Serial No.: 10/006,669

Group Art Unit: 2114

Filed: December 10, 2001
For: DISK APPARATUS

Examiner: G. Chu

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	• 15	Minus	• 20	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
x 9	\$		x 18	\$ 0
x 42	\$		x 84	\$ 0
+ 140	\$		+ 280	\$ 0
Total	\$		Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

A check in the amount of \$ 110.00 is attached in payment of: Credit Card Payment Form - 1 EOT.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: December 2, 2004